

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)

MORISHITA *et al.*)

Application Number: 09/671,429)

Filed: September 27, 2000)

For: LIQUID CRYSTAL DISPLAY DEVICE)

ATTORNEY DOCKET NO. HITA.0024)

Art unit: 2871

Examiner:

DUDEK, JAMES

Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231

COVER LETTER

Sir:

[X] The fee for submission of additional claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	9	8	(Over 20)	x \$18	0
Independent Claims	3	3	(Over 3)	x \$84	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$280	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x 1/2	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Response to Office Action
(with Claim Amendments)

[] Preliminary Amendment

[] Substitute Specification

[] Other _____

[] Petition for Extension of Time

[] Terminal Disclaimer

[] Letter to Draftsperson

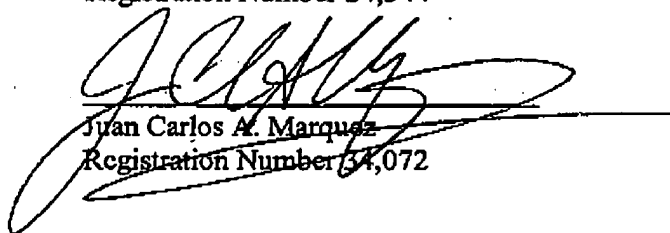
[] Assignment

[] Petition under _____

- ☐ Please charge my Deposit Account Number _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$0.00 to cover the fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to Deposit Account Number 08-1480.

Respectfully submitted,

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August 29, 2003

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Washington, D.C. 20231****Art Unit: 2871****Examiner:
DUDEK, JAMES A.****RECEIVED
CENTRAL FAX CENTER
SEP 16 2004****RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111****Sir:**

This is in response to the Office Action mailed on May 29, 2003, the period of response to which is set to expire on August 29, 2003. Please amend the above-referenced application as follows: